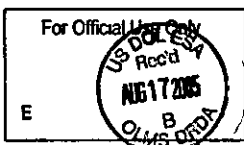


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9303</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>A.</u> <u>P Rimsans</u> P O Box, Bldg, Room No, if any Street <u>1701 W. 18th Street</u> City <u>Indianapolis</u> State <u>Indiana</u> ZIP Code + 4 <u>46202</u>	4 Name, file number, and address of labor organization Name <u>Indiana State Build. and Const Trades Council</u> Labor Organization File Number <u>047-482</u> P O Box, Building and Room Number, if any Street <u>1701 W 18th Street</u> City <u>Indianapolis</u> State <u>Indiana</u> ZIP Code + 4 <u>46202</u>
5 Position in labor organization. <u>Associate Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>08/20/2005</u> Date	<u>317-636-0806</u> Telephone Number

Name of Person Filing A Rimsans	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <u>Advance Printing</u> Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street <u>2260 Profit Drive</u> City <u>Indianapolis</u> State <u>Indiana</u> ZIP Code + 4 <u>46241</u>	14 a Nature of payment <u>8/13/2004 Lunch at Brickyard Crossing -- Est. \$10</u> <u>Indianapolis Indians' Tickets (4) -- Est. \$40</u> 14 b Amount of payment <u>\$50</u>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing A. RimsansFile Number U-

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**Name Anthem Insurance Companies, Inc

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street 120 Monument CircleCity IndianapolisState Indiana ZIP Code + 4 46204**14 a Nature of payment**8/13/2004Anthem Labor Appreciation Golf Outing w/Lunch
est. -- \$60Anthem Polo Shirt -- est \$20**13 b Is the Business an Employer** ☒ **or Consultant** ☐ ?**14 b Amount of payment.**\$80**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**Name Foster Wheeler Zack

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street 2020 Dairy Ashford StreetCity HoustonState Texas ZIP Code + 4 77077**14 a Nature of payment.**Dinner est. -- \$40Golf Outing est. -- \$40Lunch -- est \$15Golf Balls -- est \$20Adidas Polo Shirt -- est \$40**13 b Is the Business an Employer** ☒ **or Consultant** ☐ ?**14 b Amount of payment.**\$155**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**Name Top Notch of Central Indiana

Trade Name, if any _____

P O Box, Bldg, Room No, if any Suite 121Street 1828 N Meridian StreetCity IndianapolisState Indiana ZIP Code + 4 46202**14 a Nature of payment.**6/19/2004Top Notch Golf Outing -- Lebanon, INGolf -- est \$40Lunch -- est. \$15Dinner -- est \$20Trinkets -- est \$25**13 b Is the Business an Employer** ☒ **or Consultant** ☐ ?**14 b Amount of payment.**\$100

Name of Person Filing **A. Rimsans**File Number **U-****Part C Continuation Page****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**Name Top Notch of Muncie

Trade Name, if any _____

P O Box, Bldg, Room No, if any Suite 121Street 1828 N Meridian StreetCity IndianapolisState Indiana ZIP Code + 4 46202**14 a Nature of payment**8/11/04Top Notch Golf Outing -- MuncieGolf -- est \$40Lunch -- est \$15**13 b Is the Business an Employer** ☒ **or Consultant** ☐ ?**14 b Amount of payment**\$55**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name _____

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment**13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment.****C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value****13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)**

Name _____

Trade Name, if any _____

P O Box, Bldg, Room No, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment**13 b Is the Business an Employer** ☐ **or Consultant** ☐ ?**14 b Amount of payment.**